

**Virginia Board of Bar Examiners**

# **Character & Fitness Update Form**

## **COVER PAGE**

**SAMPLE**

**VIRGINIA BOARD OF BAR EXAMINERS**

Office of the Secretary

2201 West Broad Street

Suite 101

Richmond, Virginia 23220-2022

804-367-0412

Processor:

OFFICE USE ONLY  
Version 2.0**CHARACTER & FITNESS UPDATE FORM**

I, submitted to the Virginia Board of Bar Examiners on or about **January 15, 2014** (date) a fully completed Character & Fitness Questionnaire (CFQ) for the **July 2014** Virginia Bar Examination. I hereby certify under oath that ALL the information contained in my Character & Fitness Questionnaire submitted on the date set out above remains true and complete, and I acknowledge a continuing duty to update in writing any additions or changes in information previously furnished to the Virginia Board of Bar Examiners.

**Section 1 – Personal Information****1.1** Full legal name**Ms. Jane****Smith****Doe**

Title First Name

Middle Name

Last Name

Suffix

**1.2** Provide your **current mailing address**, email address, daytime telephone number, and date of birth.Street **123 Happy Street**Apt **Apt. 15**City **Richmond**State **VA**ZIP **23220**Daytime phone **(888) 849-3928**County **Henrico**Email address **janesdoe@gmail.com**Last 4 digits of Social Security Number **9396****1.3** List your current employment and ALL other employment you have held **SINCE** your most recent Character & Fitness submission. **All periods of time must be accounted for.** If you were unemployed, so state and give the reason for unemployment, (i.e., in school, studying for bar exam, etc.). **The information you list below must be accurate.**

For each position or period of time you must provide the following:

- Beginning and ending dates (month/year) of each employment, self-employment or association.
- The name of each employer, business, association or enterprise and your position.
- The current mailing address (including ZIP Codes) for each employer. (If your employer has moved, give the current mailing address – not the address where you were employed.)
- If a former employer is no longer in business, so state, and list the name, current address and telephone number of a verifying reference.

<b>1.</b>	Employment Type	<b>Employed</b>	From Month/Year	<b>Jun 2012</b>	To Month/Year	<b>Present</b>
	Employer	<b>Jones, Jones &amp; Jones</b>	Is employer still in business? <b>YES</b>			
	Street	<b>123 Main Street</b>				
	City	<b>Richmond</b>	State	<b>VA</b>	ZIP	<b>23220</b>
	Phone Number	<b>(804) 555-1212</b>	Fax Number	<b>(804) 555-1213</b>		
	Position	<b>Associate</b>	Supervisor or Department	<b>Mr. Jones</b>		

## Section 2 – Citizenship

- NO 2.1** Are you a citizen of the United States?  
**(A) I will complete and submit the “Affidavit of Immigration Status”.**

## Section 3 – Required Documents

- YES 3.1** I enclose a driving record (no more than 60 days old) from all jurisdictions I have been licensed in since my most recent Character & Fitness submission.
- YES 3.2** I enclose a credit report (no more than 60 days old). Note: Profiles or summaries are NOT acceptable – you must provide a full credit report.
- Must be obtained from Experian, Equifax OR TransUnion ONLY

Answers to the Questions in Sections 4-11 should indicate **only new incidents** or a **change in status SINCE** your **Character & Fitness Questionnaire** or most recent **Update** was submitted. A “Yes” response to Sections 4-11 requires a complete explanation. Failure to submit an explanation or any required attachment without cause may affect the consideration of your Character & Fitness.

## Section 4 – Prior Bar Applications

- NO 4.1** Have you applied for admission to practice law in any jurisdiction (including Virginia) where the outcome resulted in your NOT being admitted (i.e. failed, denied, pending, withdrawn, etc.) to the bar of such jurisdiction (even if you were later admitted), which you have not previously reported to the Virginia Board of Bar Examiners?

## Section 5 – Legal Proceedings

- YES 5.1** Have you been charged with or convicted of any criminal offenses, including moving traffic violations, which you have not previously reported to the Virginia Board of Bar Examiners?

<b>1.</b>	Date of Incident or time period	<b>February 10, 2014</b>	Felony?	<b>NO</b>
	Offense initially charged	<b>Failure to Yield</b>		
	Facts and circumstances, in detail, leading up to charge	<b>I failed to yield to oncoming traffic when merging. Although no accident took place, when I pulled on to the highway, I pulled out in front of the police officer who then gave me a ticket for failing to yield</b>		
	Location of Offense (City)	<b>Henrico</b>	State	<b>VA</b>
	Was a court appearance required?	<b>NO</b>		
	<b>No Court Appearance</b>			
	Paid To	<b>Henrico County General District Court</b>		
	Disposition	<b>Paid fine</b>		
	Amount Paid	<b>\$88</b>	Date Paid	<b>February 28, 2014</b>

- NO 5.2** Are there now pending any civil actions in which you are involved or have any judgments been filed against you, which you have not previously reported to the Virginia Board of Bar Examiners?
- NO 5.3** Are there any complaints filed against you in any civil, criminal or administrative forum alleging fraud, deceit, misrepresentation, forgery or legal malpractice, which you have not previously reported to the Virginia Board of Bar Examiners?
- NO 5.4** Are you in default in the performance of any court ordered obligation, which you have not previously reported to the Virginia Board of Bar Examiners?

**Section 6 – Employment History**

- NO 6.1** Have you ever been terminated by any employer, which you have not previously reported to the Virginia Board of Bar Examiners?
- NO 6.2** Have you ever been asked to resign or been given the choice of resigning in lieu of being terminated by any employer, which you have not previously reported to the Virginia Board of Bar Examiners?
- NO 6.3** Have you been denied a business, trade, or professional license (e.g., CPA, real estate broker, physician, patent practitioner), which you have not previously reported to the Virginia Board of Bar Examiners?
- NO 6.4** Have you had a business, trade or professional license revoked, which you have not previously reported to the Virginia Board of Bar Examiners?

**Section 7 – Academic Conduct**

- NO 7.1** Have you been accused or are you currently under investigation for cheating or improper conduct on any test or examination, which you have not previously reported to the Virginia Board of Bar Examiners?

**Section 8 – Professional Discipline**

- NO 8.1** Have you ever been suspended, censured, reprimanded, disqualified or otherwise disciplined as a member of any profession, or as a holder of public office, which you have not previously reported to the Virginia Board of Bar Examiners?
- NO 8.2** Are there now any charges, complaints, or grievances (formal or informal) pending against you, which you have not previously reported to the Virginia Board of Bar Examiners?
- NO 8.3** Have there been any charges filed, proceedings initiated or complaints made involving allegations that you have committed any act that may constitute the unauthorized practice of law, which you have not previously reported to the Virginia Board of Bar Examiners?

**Section 9 – Credit Information**

- NO 9.1** Have you filed or been the subject of a petition in bankruptcy, which you have not previously reported to the Virginia Board of Bar Examiners?
- YES 9.2** Have you had a credit card revoked, which you have not previously reported to the Virginia Board of Bar Examiners?
- (A)** Please set forth a narrative explanation of the facts in detail below. List the Creditor's Name, Current Address and your Account Number. If any court or agency proceedings were involved, state the names, case numbers and dates of all court or agency proceedings; the dispositions made thereof; the names and addresses of the courts or agencies in which the records may be found; and the name and address of your legal counsel in each proceeding(s). Where applicable, a copy of the court order should be submitted.

**My Macy's credit card was revoked due to failure to pay my bill in a timely manner. The debt has since been paid, but I no longer have that credit card.**

**YES 9.3** Currently, do you have any debts that are more than 90 days past due, including student loans? This should include current claims, settlement offers, payment plans in effect with any creditor or taxing authority (local, state, or federal).

**(A)** Please set forth a narrative explanation of the facts in detail below. List the Creditor's Name, Current Address and your Account Number. If any court or agency proceedings were involved, state the names, case numbers and dates of all court or agency proceedings; the dispositions made thereof; the names and addresses of the courts or agencies in which the records may be found; and the name and address of your legal counsel in each proceeding(s). Where applicable, a copy of the court order should be submitted.

**My dispute with my previous cell phone carrier is still ongoing. We are still in negotiation over this matter and no court action has been filed.**

## Section 10 – Student Loans

**NO 10.1** Have you defaulted on any student loan, which you have not previously reported to the Virginia Board of Bar Examiners? (Answer yes even if the debt is now satisfied)

## Section 11 – Health Matters

**NO 11.1** Have you been chemically or psychologically dependent upon any drug, including alcohol, which you have not previously reported to the Virginia Board of Bar Examiners?

**YES 11.2** Have you been or are you now being treated or counseled for any mental, emotional or nervous disorder or condition, which you have not previously reported to the Virginia Board of Bar Examiners?

**(A)** Please provide full explanation.

**I seek regular therapy and treatment for anxiety and depression.**

List all treating professionals or facilities.

<b>1.</b>	Attending Physician	<b>Dr. Noread</b>	Title:	<b>Psychologist</b>
	Facility Name	<b>Dr. Noread &amp; Associates</b>	Phone	<b>(840) 555-8888</b>
	Street	<b>15 Locale Ave.</b>		
	City	<b>Richmond</b>	State	<b>VA</b>
	From Month/Year	<b>Sep 1995</b>	ZIP	<b>23226</b>
			To Month/Year	<b>Present</b>

To be used with Section 11 – Character & Fitness Update Form

**CHARACTER & FITNESS HEALTHCARE FORM****➤ TO BE COMPLETED BY A LICENSED HEALTHCARE PROFESSIONAL****DESCRIPTION OF MENTAL HEALTH OR SUBSTANCE ABUSE CONDITION OR IMPAIRMENT**

Patient's Full Name	<b>Jane Smith Doe</b>	DOB	<b>January 1, 1985</b>	SSN (Last 4)	<b>9396</b>
Dates of Treatment From Month/Year	<b>Sep 1995</b>	To Month/Year	<b>Present</b>		
Treating Professional	<b>Dr. Noread</b>	Title	<b>Psychologist</b>		
Treatment Facility	<b>Dr. Noread &amp; Associates</b>	Phone	<b>(840) 555-8888</b>		
Current Street	<b>15 Locale Ave.</b>				
City	<b>Richmond</b>	State	<b>VA</b>	ZIP	<b>23226</b>

Describe the condition/diagnosis and any treatment or monitoring program for which you are or have treated the above-named Applicant:

Prognosis: Is it your opinion this condition will affect this person's fitness or ability to perform the duties of an attorney in a professional and competent manner?

Yes or No If yes, please explain

\_\_\_\_\_  
Licensed Healthcare Professional – Print Name

\_\_\_\_\_  
Licensed Healthcare Professional Signature

\_\_\_\_\_  
Date

**Section 12 – Handwriting Sample**

***In your own handwriting***, write the following:

*I hereby certify under oath that ALL of the preceding questions accurately and completely reflect any and all changes to my Character & Fitness Questionnaire previously submitted to the Virginia Board of Bar Examiners on the date set out above and that all the information contained in my "Character & Fitness Questionnaire" was true and complete.*

A series of horizontal lines for handwriting practice. A large, light gray 'SAMPLE' watermark is oriented diagonally across the page, and a large, light gray checkmark watermark is positioned in the upper right area.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

**Authorization and Release Form**

I, Jane Smith Doe,  
Full Legal Name

born, Richmond, Virginia on, January 1, 1985  
Place of Birth Date of Birth

In furtherance of my application for admission to the Bar of Virginia, I do hereby swear or affirm that I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and true of my own knowledge. I hereby (a) authorize and request every person, firm, corporation, association, court, school, college, university, other educational institution, governmental and law enforcement and other agencies, including healthcare professionals and institutions, having control of any documents, records or other writing, or having other information pertaining to me (including but not limited to educational records as defined in 20 USC § 1232g; confidential records; medical records and records concerning advice, care or treatment provided to me; files of bar associations or disciplinary agencies regarding charges or complaints filed against me, formal or informal, pending or closed, or other pertinent data) to furnish to the Virginia Board of Bar Examiners and its agents or representatives, including the Virginia Board of Bar Examiners, any such writings and information the Board believes may relate to my moral character, professional reputation, and/or fitness to engage in the practice of law, and to permit the Board and any of its agents or representatives to inspect and make copies of such documents, records, and other writings; (b) agree that all information provided by this application, and all other information received by the Board and believed by it to have a bearing upon my moral character, professional reputation, and/or fitness to engage in the practice of law, may be released by the Board at any time, and without liability to the Board, its members, agents, or other representatives, to any investigatory or regulatory body or agency having jurisdiction over admission to the bar or the discipline of lawyers, when such release is considered to be reasonably needed by such body or agency in response to its inquiry relating to my moral character, professional reputation, and/or fitness to engage in the practice of law; and (c) agree that the foregoing shall remain in effect for any future examination for which I may make application to the Virginia Bar. I release the National Conference of Bar Examiners and any person furnishing information in the course of the investigation of my character, professional reputation, and/or fitness to engage in the practice of law from all liability of any kind arising out of the furnishing of such information and documents.

**Since this is a continuing Questionnaire**, I will submit such additional affidavits, documentation, or information as may be requested or as may be required by any change in my situation up to the date of my appearance before the Supreme Court of Virginia to be administered the oath of an attorney and counselor at law. I recognize and acknowledge that making a materially false statement in, or failing to disclose a material fact requested in connection with an application for admission to the bar is a violation of Rule 8.1, Virginia Rules of Professional Conduct. **A photocopy of the foregoing authorization shall be as valid as an original.**

\_\_\_\_\_  
Signature of Applicant

Commonwealth/State/District of \_\_\_\_\_

County/City of \_\_\_\_\_

I, a Notary Public of such County/City, certify that on this day personally appeared before me

Jane Smith Doe

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Registration Number (if applicable) \_\_\_\_\_

NOTARY SEAL (must be affixed)



**Affidavit of Non-Immigration/Immigration Status**

**This Affidavit Must Be Completed and Submitted With Your Character & Fitness Questionnaire/Update.**

I, **JANE SMITH DOE**, certify that I currently reside legally in the United States according to the United States Immigration Laws and Regulations by holding a valid visa.

List type of visa **F-1**

I intend to lawfully maintain my present nonimmigrant/immigrant status in the United States according to the United States Immigration Laws and Regulations for which I was approved and will thereby maintain such status as I complete the character and fitness process.

I will maintain my legal immigration status according to the United States Immigration Laws and Regulations for which I was approved as long as I reside in the United States.

I understand that the Character & Fitness Questionnaire/Update is a continuing application, and that until I am licensed, admitted and registered as a member of the Virginia State Bar, I must keep the Board informed of any changes that will affect my visa status as it relates to my Character & Fitness Questionnaire/Update.

**I am aware that the documentation I provide may be submitted to United States Citizenship and Immigration Services (USCIS) for verification of authenticity.**

Check (✓) all that apply to you, and provide a **COPY** of all documentation to support your claims made in this Affidavit including:

<input checked="" type="checkbox"/> Valid Immigration Visa	<input type="checkbox"/> Front and back of Employment Authorization Card
<input checked="" type="checkbox"/> Current valid Passport	<input checked="" type="checkbox"/> Front and back of my Social Security Card
<input type="checkbox"/> Current I-94 Arrival and Departure Record	

**F-1 Visa holders must also provide a copy of the following documentation:**

- Current I-20 ID signed by Designated School Official (DSO)
- I-20 ID with Optional Practical Training (OPT) authorized or letter of eligibility signed by DSO stating you will timely seek OPT authorization

**H-1B Visa holders must also provide a copy of the following documentation:**

- Current I-129 Petition filed on your behalf
- Notice of Approval by USCIS for I-129 Petition

\_\_\_\_\_  
Signature of Applicant

Commonwealth/State/District of \_\_\_\_\_

County/City of \_\_\_\_\_

I, a Notary Public of such County/City, certify that on this day personally appeared before me

**Jane Smith Doe**

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Registration Number (if applicable) \_\_\_\_\_

NOTARY SEAL (must be affixed)